

Temporary Food Establishment Permit Application

Lincoln-Lancaster County Health Department - Food Safety Program 3140 "N" Street, Lincoln, NE 68510 (402) 441-6280, Fax (402) 441-6206

Application must be received 30 days prior to event

Applicant Name		DOB		Phone		
(Last, fir f Birth)	st, middle initial)		(Date o			
Applicant Address		Zip Code				
Event or Establishment	Name and Loca	ation				
Start Date/Time	1	am pm ; E	End Date / Time			am pm
Type of Permit (check one Single Event Tem facility; may include p second page of this a Annual Temporar locations and/or date the second page of t Event Market with must have applicable with application. Ven	porary cannot cotentially hazard application. y each event is as throughout the his application. Further one Food Manager dor's must have	dous food. For 14 days or less e permit year. Foermit is valid to if vendors. Spo and/or Food F	od manager and for s. Temporary food Food Manager and for 12 months from nsor is responsible landler Permits. A	service will be I Food Handlers In date of issue.	set up at n s must be ervice. Eac	ed on the numerous listed on h vendor
Temporary food service Lincoln Food Establishment?		Establishme	nt Name			
Non-profit Organization?	YES NO	Organization	Name			
Nebraska Department of If "NO" then a one time perm					O N/A (non-profit)
Is applicant planning to do te	mporary events	outside Lancas	ster County? YES	S NO		
If "YES" an additional Nebras	ka permit fee of	\$74.35 and in	spection fee of \$7	4.35 must be pa	aid.	
Food Manager Name			Manager Pe	ermit #	Expir	ration
	_					

Lincoln Food Code 8.20.190 requires all employees to have valid food handler permit and/or food manager permit. Food Handler class schedules are available on-line at www.lincoln.ne.gov search "Food," or by phone at (402) 441-6237.

Temporary Food Servers LLCHD by policy allows that temporary food servers not preparing any food, to be exempted from food handler permit requirements if they are trained by the food manager as approved by LLCHD, have no bare hand contact of foods, sign a "Temporary Food Server Roster" verifying training, and sign a "Required Illness Affirmation for Temporary Food Servers" form verifying that the server has not had vomiting or diarrhea within 48 hours of working at the temporary event. **The training for temporary food servers must be pre-approved.** For more information and forms contact the Food Safety Program at (402) 441-6280.

Temporary Food Establishment Permit Application - page 2

Call (402) 441-6280 for assistan	ce with calculating fees.				
Check all that apply					
Single Event Temporary					
\$120 regular \$60 with Lincoln esta	ablichment er nen profit				
Annual Temporary	ablishment or non-profit				
\$380 regular					
\$190 non-profit					
Event Market - attached vender	or list				
\$120 1 to 5 vendors					
\$240 6 to 10 vendors					
\$360	endors				
\$480 16 to 20 vendors	\$				
State fees if applicable:	t Coo				
\$74.35 State Food Permit State fees for outside Lancast					
\$74.35 State Food Permit					
\$74.35 State Food Inspec					
Make Checks payable to "L	I CHD"				
-	ster County Health Department				
Food Safety Pro					
•	et, Lincoln, NE 68510				
0110 11 01100	rt, Elliooni, 14E 00010				
Will you be using Volunteer	r Temporary Food Servers? YES NO				
Federal ID #					
Ciamatura of Applicants	Data				
Signature of Applicant:	Date				
Electronic Funds Transfer Notific	ation: When you provide a check as payment, you authorize us either to use the				
information from your check to make	e a one-time electronic fund transfer from you account or to process the payment as a				
check transaction. When we					
use information from your check to make an electronic fund					
transfer, funds may be	Health Department Use Only				
withdrawn from your account as	NewReissueMailHand-deliver				
soon as the same day you	NewReissueMailHand-deliver				
make your payment, and you will not receive your check back	Temporary server training approved : N/AYes - by				
from your financial institution.					
•	APD # HF40 HF 41 71				
Revised: September 24, 2009					
	File Initialized/ EHS:				
	EDH Boylow: EM Verified by				
	EPH Review: FM Verified by				
	Total Amount \$				
	Posted/ ByReturn with permit to EPH				
	Permit laminated and given to EHSmailed/				
	Application scanned into permit file				
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